

Verification Form

Name	
School Name	School District
To the best of my knowledge I will be a full-t Oklahoma public school during the 2014-20	time classroom teacher or school counselor in an 15 school year.
Candidate's Signature	
Date	
To the best of my knowledge this teacher winter an Oklahoma public school during the 20	ill be a full-time classroom teacher or school counselor 14-2015 school year.
Principal's/Building Administrator's Sign	ature
Date	
Comments:	
To the best of my knowledge this teacher winning in an Oklahoma public school during the 20	ill be a full-time classroom teacher or school counselor 14-2015 school year.
Superintendent's Signature	
Date	
Comments:	

If you have further comments or questions, call Jennifer Gambrell, ELO Coordinator at 405-525-2612.